

365,000.+
381,480.+
370,000.+
383,724.+
004
1,500,204.*

10,000. +
800,000. +
150,000. +
165,000. +
375,000. +
005
1,500,000. *

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

SECTION A

1. Company Name: NORTH JERSEY SKEIN DYK Co
2. Permit Number if applicable: 27220029
3. Location: 152-156 POTNAM ST.
PATERSON N.J. Zip Code: 07544-319
4. Mailing Address: P.O. BOX 319
PATERSON N.J. Zip Code: 07544-319
5. Person to contact concerning information provided in this application:
Name of Contact Official: DOMINIC H. ALDI
Title: President Phone No.: 9736946726
Address: BOX 319 PATERSON N.J. Zip code: 07544 319
6. Number of Employees - Full Time: 0 Part Time: 3
Number of Work Days Per Year: 90 ONLY
Number of Shifts Per Day: 0-1
7. If property is owned indicate block and lot number(s): /

Assessed Value: _____
8. If property is rented indicate name and address of owner: POTNAM REALTY Co.
152 POTNAM ST. PATERSON, N.J. 07544

Total square feet rented: 5000
9. List NJPDES Permit Number if applicable, _____ and
Name of receiving Body of Water entered _____

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y ☐ N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier: PVWCList all Account #'s: 12215912. Water Received: From Mo. 1 Yr. 05 Through Mo. 1 Yr. 06

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	*365,000	—		365,000
2 nd Qtr.	*381,480	—		381,480
3 rd Qtr.	*370,000	—		370,000
4 th Qtr.	*383,724	—		383,724

GRAND TOTAL * 1,500,204 gal

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	10,000 gal		
Process waste water	800,000 gal		
Cooling water	150,000 gal		
Evaporation			
Contained in the product	165,000 gal		
Other (describe)	375,000		

Water for High Pressure
steam for heating dye
tanks

GRAND TOTAL

10,000 - Sanitary
800,000 - Sewer - 1 YEA
150,000 - evap
165,000 - in product
375,000 - To produce line
1,500,000 gal H₂O
1 YR

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - N
To the Combined Sewer	<u>Y</u> - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility. NONE

Contractor	Address	Icc #	Waste type handled

SECTION COPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is continuous _____
or intermittent X each operating day.

If the discharge is intermittent, it occurs between the following hours: 10:AM to 5:PM

17. Brief description of Manufacturing or other activity performed: TEXTILE SKEIN
DYER - SILK SKEIN

List SIC CODE #: _____

18. Principal Raw Materials used: WATER SOLUBLE DYE STUFFS
AS PRIOR

19. Principal Products or Services: DYER - SILK SKEINS
SAME AS PER LAST 30 YEARS

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics: NOT SEASONAL NOT SEASONAL
- Does this facility shutdown for vacation(s)? YES If so, is it basically the same time each year. YES Provide dates usually shutdown MONTH JULY.

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:
- Outlet # 1 ONLY PH CONTROL 6 TO 8.5
- Outlet as in past years -
- Outlet
22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
#1	Dye & Rinse Water	Comp.	Yes

SECTION D (continued)

23. Volume Information:

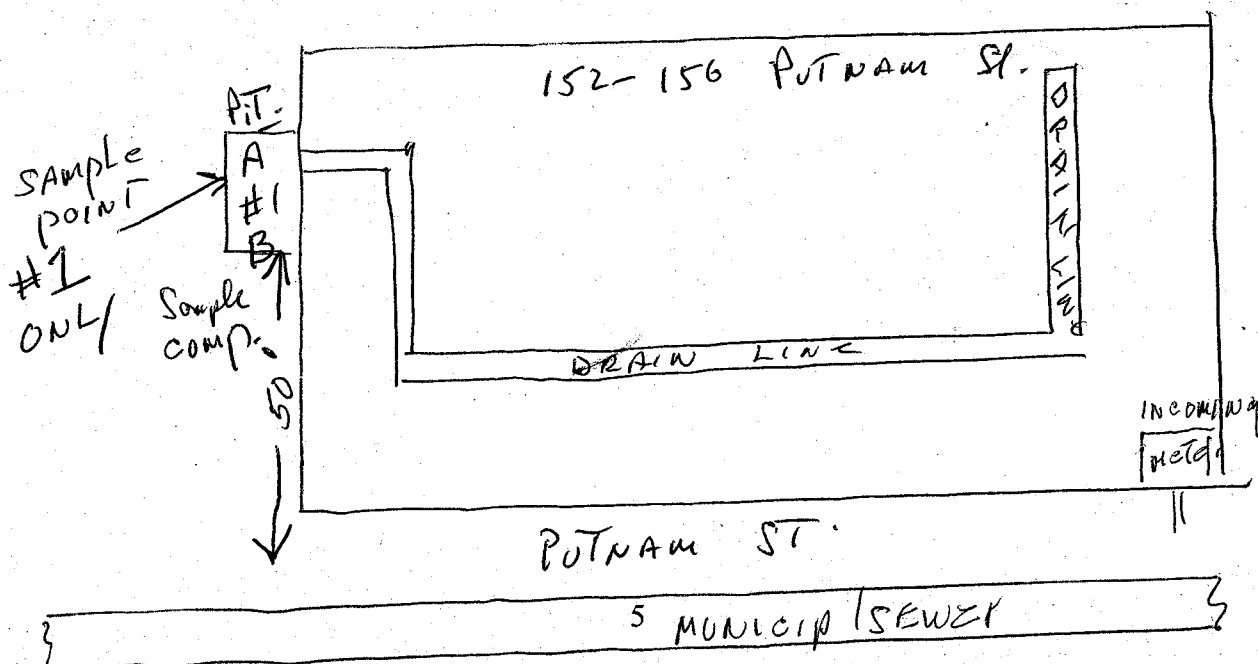
Outlet	Daily Flow (Gallons)	Metered (Y - <u>N</u>)	Type	Date
#1	All water purchased from PUWC			
	Metered in from ^{PUWC}			

24. Frequency of calibration of each flow meter:

PUWC #1

25. Attach plot plan of the property showing:

- all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.



SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 1 of 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l		Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l	
<u>Parameter</u>	<u>Value</u>	<u>Parameter</u>	<u>Value</u>
*Radioactivity (PL-1)		*Antimony (Sb)	
Total Solids		*Arsenic (As)	
*Volatile Solids		*Boron (B)	
Total Suspended Solids		Cadmium (Cd)	
*Volatile Suspended Solids		*Chromium Total (Cr)	
(1)(3) SGT-HEM (EPA Method 1664 Rev. A)		Copper (Cu)	
Biochemical Oxygen Demand (BOD)		*Iron (Fe)	
		Lead (Pb)	
Chemical Oxygen Demand (COD)		*Cyanide (Cn)(3)	
		Mercury (Report to 0.XXX)	
*Total Organic Carbon (TOC)		Nickel (Ni)	
		*Selenium (Se)	
pH(standard units)	6.1 to 9.5	*Silver (Ag)	
(1) Ammonia as N		*Tin (Sn)	
(1)(3) Total Oil & Grease		Zinc (Zn)	
* (1) Sulfide		*Phenol	
* (1) Ortho Phosphates as P		*Pesticides (Report to 0.XXX)	
* (1) Kjeldahl N as N			
* (2)(3) TTO (Report to 0.XXX)		*TTVO (Report to 0.XXX)(3)	

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98
09/05

Upstate Laboratories, Inc.

Date: 31-Mar-06

CLIENT: North Jersey Skein Dyeing
 Lab Order: U0603177
 Project: Semiannual/Monthly
 Lab ID: U0603177-001

Client Sample ID: Plant Disch Pipe
 Collection Date: 3/7/06 8:00:00 AM
 Matrix: WASTE WATER

Analyses	Result	Limit	Qual	Units	DF	Date Analyzed
ICP METALS, TOTALS						
		E200.7		(E200.7)		Analyst: EA
Cadmium	ND	0.005		mg/L	1	3/21/06 12:46:10 PM
Copper	ND	0.020		mg/L	1	3/21/06 12:46:10 PM
Nickel*	ND	0.003		mg/L	1	3/21/06 12:46:10 PM
Zinc	0.023	0.010		mg/L	1	3/21/06 12:46:10 PM
TOTAL LEAD BY GFAA						
		E239.2		(SW3020A)		Analyst: NJ
Lead*	ND	0.001		mg/L	1	3/21/06
TOTAL MERCURY WATERS						
		E245.2		(E245.2)		Analyst: EA
Mercury	ND	0.0004		mg/L	1	3/16/06 3:07:23 PM
RESIDUE, SUSPENDED (TSS)						
		E160.2				Analyst: BY
Residue, Suspended (TSS)	3.5	1.0		mg/L	1	3/10/06
BIOCHEMICAL OXYGEN DEMAND (5 DAY BOD)						
		E405.1				Analyst: MM
Biochemical Oxygen Demand	ND	4		mg/L	1	3/10/06 8:30:00 AM

Approved By: PFFDate: 3-31-06

Page 1 of 1

Qualifiers: * Low Level
 B Analyte detected in the associated Method Blank
 H Holding times for preparation or analysis exceeded
 ND Not Detected at the Reporting Limit

** Value exceeds Maximum Contaminant Value
 E Value above quantitation range
 J Analyte detected below quantitation limits
 S Spike Recovery outside accepted recovery limits

Passaic Valley Water Commission
P.O. Box 11393
Newark, NJ 07101-4393

☐ To change mailing address check here and fill out back of form
Please include Account Number on checks

SERVICE ADDRESS

152 -6 PUTNAM ST,

ACCOUNT NUMBER	CYCLE	BILL DATE	DUE DATE
122159-98080	01-30	3/30/06	4/29/06

Total Current Charges 443.95
Balance Forward .00
Total Amount Due 443.95

PVWC

Passaic Valley Water Commission
973-340-4300

NJ SKEIN DYE CO INC
PO BOX 319
PATERSON NJ 07544-0319

0001221590000980800000000443957

5100

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

SERVICE ADDRESS

152 -6 PUTNAM ST,

ACCOUNT NUMBER	CYCLE	BILL DATE	DUE DATE
122159-98080	01-30	3/30/06	4/29/06

Last Bill Amount 689.81
Payments 689.81 -
Adjustments .00
Balance Forward .00

Rate Class: HEAVY INDUSTRY - MON
Last payment amount/date: 689.81 3/28/06

Service	Period	Days	Meter	Number	Mult	Units	Current	Previous	Usage
WA	3/06/06	3/23/06	17	70029298	10.00	CF1	4405	4395	100
							USAGE FOR	3/05	120
							Charge		Total
WA	MONTHLY CHARGE						314.55		314.55
WC	FIRST 33,300 CCF						129.40		129.40
							100.00		
							Total Current Charges		443.95
							Balance Forward		.00
							Total Amount Due		443.95

This bill reflects a rate increase effective January 1, 2006.

March H₂O & Metals
06

71,060 gal

Passaic Valley Water Commission 973-340-4300

mpstate Laboratories, Inc.

4 Corporate Drive • E. Syracuse, NY 13057-1017
437 0255 Fax 437 1209

Chain Of Custody Record

[illegible]

o.c.e.: The numbered columns above cross-reference with the numbered columns in the upper right-hand corner.

SECTION E (continued)Samples collected by: UPSTATE Laboratories Inc

Date: _____

Sample analyzed by: UPSTATE Laboratories Inc Date: _____Products being manufactured when sample was collected: TEXTILE DYEING27. Who performs the analyses of the samples for User Charge? UPSTATE ANALYSES
all samples28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N29. Who performs the analyses of the samples for the Pretreatment Parameters?
PH RECORDER & PVSC

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

IS -

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1, 2 & 3 is present in your discharge.

none

SECTION F

PRETREATMENT

32. Industrial Category: P.H. ONLY
Subpart (s): _____
33. Compliance date(s): current
34. Is facility in compliance? YES If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: YES
36. Compliance schedule submitted: MONTHLY Report
If yes is facility on schedule? YES Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
If yes, describe NO
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
If yes, describe Active Acid Walled Site + Large Spill Container
IF NEEDED ON SITE + kept clean
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y N
40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: _____
- Is there any plan to discharge groundwater? NO

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

Donna H. Alder President

Print Name

TITLE:

President

DATE

Jan 31 / 06

SIGNATURE

Donna H. Alder

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company ☒
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			X		2,4 dimethylphenol			X	
acrolein			X		2,4 dinitrotoluene			X	
acrylonitrile			X		2,6 dinitrotoluene			X	
benzene			X		1,2 diphenylhydrazine			X	
benzidine			X		ethylbenzene			X	
carbon tetrachloride (tetrachloromethane)			X		fluoranthene			X	
chlorobenzene			X		4-chlorophenyl phenyl ether			X	
1,2,4-trichlorobenzene			X		4-bromophenyl phenyl ether			X	
hexachlorobenzene			X		bis(2-chloroisopropyl) ether			X	
1,2 dichloroethane			X		bis(2-chloroethoxy) methane			X	
1,1,1 trichloroethane			X		methylene chloride(dichloromethane)			X	
hexachloroethane			X		methyl chloride (chloromethane)			X	
1,1,dichloroethane			X		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			X		bromoform(tribromomethane)			X	
1,1,2,2 tetrachloroethane			X		dichlorobromomethane			X	
chloroethane			X		trichlorofluoromethane			X	
bis(chloromethyl) ether			X		dichlorodifluoromethane			X	
Bis(2 chloroethyl) ether			X		chlorodibromomethane			X	
2-chloroethyl vinyl ether mixed			X		hexachlorobutadiene			X	
2-chloronaphthalene			X		hexachlorocyclopentadiene			X	
2,4,6, trichlorophenol			X		isophorone			X	
parachlorometa cresol			X		naphthalene			X	
Chloroform (trichloromethane)			X		nitrobenzene			X	
2 chlorophenol			X		2-nitrophenol			X	
1,2, dichlorobenzene			X		4-nitrophenol			X	
1,3, dichlorobenzene			X		2,4-dinitrophenol			X	
1,4, dichlorobenzene			X		4,6 dinitro-o cresol			X	
3,3, dichlorobenzidine			X		N-nitrosodimethylamine			X	
1,1,dichloroethylene			X		N-nitrosodiphenylamine			X	
1,2 trans-dichloroethylene			X		N-nitrosodi-n-propylamine			X	
2,4,dichlorophenol			X		pentachlorophenol			X	
1,2, dichloropropane			X		phenol			X	
1,3, dichloropropylene			X						
(1,3 dichlor propene)			X						

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			X		endrin			X	
butylbenzylphthalate			X		endrin aldehyde			X	
di-n-butylphthalate			X		heptachlor			X	
di-n-octylphthalate			X		heptachlor (epoxide)			X	
diethylphthalate			X		BHC Alpha			X	
dimethylphthalate			X		BHC Beta			X	
benzo(a)anthracene			X		BHC Gamma			X	
benzo(a)pyrene			X		BHC Delta			X	
3,4 benzo fluoranthene			X		PCB1242			X	
benzo(k) fluoranthene			X		PCB1254			X	
chrysene			X		PCB1221			X	
acenaphthylene			X		PCB1232			X	
anthracene			X		PCB1248			X	
benzo(ghi)perylene			X		PCB1260			X	
fluorene			X		PCB1016			X	
phenanthrene			X		toxaphene			X	
dibenzo (a,h) anthracene			X		antimony (total)			X	
indeno-(1,2,3-c,d) pyrene			X		arsenic (total)			X	
pyrene			X		asbestos (fibrous)			X	
tetrachloroethylene			X		beryllium (total)			X	
toluene			X		cadmium (total)			X	
trichloroethylene			X		chromium (total)		X		
vinyl chloride			X		copper (total)		X		
aldrin			X		cyanide (total)			X	
dieldrin			X		lead (total)			X	
chlordane			X		mercury (total)		X		
4,4 DDT			X		nickel (total)		X		
4,4, DDE			X		selenium (total)				
4,4, DDD			X		silver (total)				
endosulfan I			X		thallium (total)				
endosulfan II			X		zinc (total)		X		
endosulfan sulfate			X		2,3,7,8, tetrachlorodibenzo				
					p-dioxin				

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

B. in city
 water purchased

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			X		n,n-dimethyl aniline			X	
amitrole			X		3,3-dimethyl benzidine			X	
amyl alcohols			X		1,1-dimethylhydrazine			X	
aniline hydrochloride			X		dioxane			X	
anisole			X		diphenylamine			X	
auramine			X		ethylenimine			X	
benzotrichloride			X		hydrazine			X	
benzylamine			X		4,4-methylene bis			X	
			X		(2-chloraniline)			X	
o-chloroaniline			X		4,4-methylenedianiline			X	
m-chloroaniline			X		methyl isobutyl ketone			X	
p-chloraniline			X		alpha-naphthylamine			X	
1-chloro-2-nitrobenzene			X		beta-naphthylamine			X	
1-chloro-4-nitrobenzene			X		n-methylaniline			X	
chloroprene			X		1,2- phenylenediamine			X	
chrysoidine			X		1,3- phenylenediamine			X	
cumene			X		1,4-phenylenediamine			X	
2,3-dichloroaniline			X		sudan 1 (solvent yellow 14)			X	
2,4-dichloroaniline			X		thiourea			X	
2,5-dichloroaniline			X		toluene sulfonic acids			X	
3,4-dichloroaniline			X		toluidines			X	
3,5-dichloroaniline			X		xylidines			X	
1,3-dichloropropene			X					X	
1,3-dimethoxybenzidine			X					X	

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			X		isopropanolamine			X	
allyl alcohol			X		kelthane			X	
allyl chloride			X		kepone			X	
amyl acetate			X		malathion			X	
aniline			X		mercaptodimethur			X	
benzonitrile			X		methoxychlor			X	
benzyl chloride			X		methyl mercaptan			X	
butyl acetate			X		methyl methacrylate			X	
butylamine			X		methly parathion			X	
captan			X		mevinphos			X	
carbaryl			X		mexacarbate			X	
carbofuran			X		monoethylamine			X	
carbon disulfide			X		monomethylamine			X	
chlorpyrifos			X		naled			X	
coumaphos			X		napthenic acid			X	
cresol			X		nitrotoluene			X	
crotonaldehyde			X		parathion			X	
cyclohexane			X		phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)					phosgene			X	
acetic acid		X			propagrite			X	
diazinon			X		propylene oxide			X	
dicamba			X		pyrethrins			X	
dichlobenil			X		quinoline			X	
dichlone			X		resorcinol			X	
2,2-dichloropropionic acid			X		strontium			X	
dichlorvos			X		strychnine			X	
diethylamine			X		stryrene			X	
dimethylamine			X		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			X	
dinitrobenzene			X		TDE (tetrachloro- diphenylethane)			X	
diquat			X		2,4,5-TP 2(2,4,5- trichlorophenoxy			X	
disulfoton			X		trichlorofon			X	
diuron			X		triethylamine			X	
epichlorohvdrin			X		trimethylamine			X	
					propanoic acid			X	

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			<input checked="" type="checkbox"/>		uranium			<input checked="" type="checkbox"/>	
ethion			<input checked="" type="checkbox"/>		vanadium			<input checked="" type="checkbox"/>	
ethylene diamine			<input checked="" type="checkbox"/>		vinyl acetate			<input checked="" type="checkbox"/>	
ethylene dibromide			<input checked="" type="checkbox"/>		xylene			<input checked="" type="checkbox"/>	
formaldehyde			<input checked="" type="checkbox"/>		xlenol			<input checked="" type="checkbox"/>	
furfural			<input checked="" type="checkbox"/>		zirconium			<input checked="" type="checkbox"/>	
guthion			<input checked="" type="checkbox"/>						
isoprene			<input checked="" type="checkbox"/>						

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

NORTH JERSEY SKEIN DYE CO.
Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Trade Name/Fictitious Name

None

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | | | |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Trust |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Joint Venture |
| <input type="checkbox"/> | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation |
| <input checked="" type="checkbox"/> | Corporation | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Other (describe) | | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: DOMINIC H. ALD I

Street Address: 120 JACKSON AVE

City, State & Zip Code: WAYNE, N.J. 07470

Business Telephone:

973 684 6488

Emergency Telephone:

973 694 6726

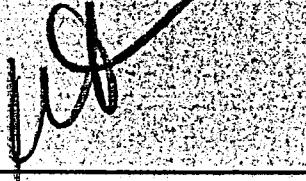
PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
None		

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
None			

CERTIFICATE OF INCORPORATION

<p>CERTIFICATE OF INCORPORATION</p> <p>OF</p> <p>NORTH JERSEY SKEIN DYEING CO., INC.</p>
<p>DATED: April 29th, 1974</p>
<p>PREPARED BY:</p> <p>MILLER & REENSTRA, ESQS. Counsellors At Law 12-67 River Road Fair Lawn, New Jersey 07410 Tel.: (201) 796-1594</p>


APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
<u>NONE</u>			

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: DOMINIC ALD I
 Company Name: NORTH JERSEY SKIN DYE CO.
 Street Address: 152 PUTNAM ST.
 City, State & Zip Code: PATERSON NJ
 Telephone: 973 684 6488
 (Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: NEW JERSEY USA

Date: 1974 MAY 2

☒ Certificate of Incorporation No.: TITLE #14

Copy of certificate of incorporation attached? ☐ Yes ☒ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: NONE N.J. CORP

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: DOMINIC H. ALD Telephone: 973 684 6488

Business address: 152 POTNAM ST. PATERSON N.J.

Office
held

Date took
office

Date of
birth

Pres.

1973

7/19/27

Name: _____

Telephone: _____
(area code)

Business address:

Office
held

Date took
office

Date of
birth

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: _____

Telephone: _____
(area code)

Business address:

Office
held

Date took
office

Date of
birth

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

None

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: DOMINIC A. ALD
 Street Address: 120 JACKSON AVE
 City, State & Zip Code: WAYNE, N.J. Bus. Phone 973 6846458

Name:

Street Address:

City, State & Zip Code:

Bus. Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

TYPE OF ASSOCIATION: Check One

☐ General Partnership

☐ Limited Partnership

☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

LIMITED PARTNERS.
this section as necessary.

List the following information as to each limited. Use additional copies of

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____ Telephone _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. Attach additional sheets if necessary.

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use additional copies of this section as necessary.

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

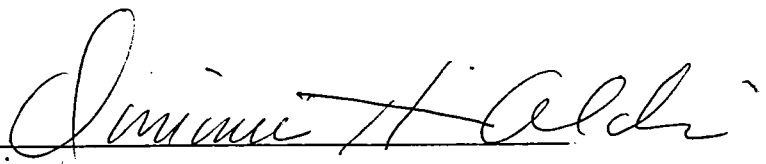
CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

2/8/06


Signature

DOMINIC H. ALDI
Print Title & Position

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity
charged/convicted: _____

Description of
crime/offense charged: _____

Date
Charged: _____

Jurisdiction
Where Charged: _____

Indictment information,
Complaint No., indictment No. etc., _____

Disposition (if applicable,
sentence imposed): _____

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. **OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case:

Docket No.: _____

Name & location
of court: _____Date judgment
entered: _____Nature of
suit: _____Amt./terms of
judgment: _____

B. **PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case: _____

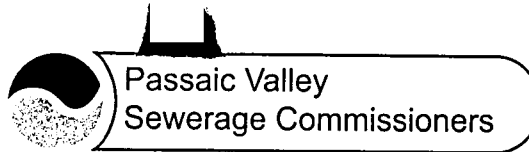
Docket No.: _____

Name & location
of court: _____

Date Filed: _____

Nature of
suit: _____

Status: _____



Passaic Valley
Sewerage Commissioners

~Established 1902~

600 WILSON AVENUE
NEWARK, NJ 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

Industrial Department Fax: (973) 344-4876
December 7, 2005

DONALD TUCKER
Chairman

CARL S. CZAPLICKI, JR.
Vice Chairman

ANTHONY W. ARDIS
FRANK J. CALANDRIELLO
ALAN C. LEVINE
ANTHONY J. LUNA
ANGELINA M. PASERCHIA
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THOMAS J. POWELL
Commissioners

BRYAN J. CHRISTIANSEN
Executive Director

JAMES KRONE
Deputy Executive Director

JOSEPH FERRIERO
Chief Counsel

LOUIS LANZILLO
Clerk

CERTIFIED RECEIPT
7002 0860 0004 7767 8895

North Jersey Skein Dyeing
P.O. Box 319
152 - 156 Putnam Street
Paterson, New Jersey 07544-0319

Attn: Dominic Aldi

RE: SEWER USE PERMIT # 27220029

Dear Mr. Aldi:

INDUSTRIAL <u>120-663</u>		
81100	81150	81200
MAY 10 2006		
81250	82050	82100

The above Sewer Use Permit (SUP) will expire on 06/30/2006. You are required to renew your SUP in order to continue to discharge into the PVSC sewerage system. You must, therefore, submit a renewal application six months prior to the expiration date of this Permit. Also, an Application Fee is required to be paid in order for your Sewer Use Application to be processed. This fee is \$750.

This fee is not to be confused with the Sewer Use Permit Fee that will be assessed with the issuance of your permit renewal.

It is extremely important that the instructions contained in the Sewer Use Application be adhered to accurately and completely. The completed Application with the \$750 fee (make check payable to PVSC) must be submitted to the PVSC Industrial Department within **90 days** of receipt of this letter. If you have any questions, please contact Angela Dees at (973) 817-5922.

Very truly yours,
PASSAIC VALLEY SEWERAGE COMMISSIONERS

Andy Caltagirone
Manager of Industrial & Pollution Control

AC/np

c: Bryan J. Christiansen, Executive Director
George McGehrin
Anthony Gammaro
Angela Dees
City of Paterson



Passaic Valley
Sewerage Commissioners

~Established 1902~

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Chairman

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600 WILSON AVENUE
NEWARK, NJ 07105
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www.pvsc.com

BRYAN J. CHRISTIANSEN
Executive Director

JAMES KRONE
Deputy Executive Director

JOSEPH FERRIERO
Chief Counsel

ANTHONY W. ARDIS
Clerk

RECEIPT

Received From NORTH JERSEY SKEIN DYEING, INC.

Customer ID# 27220029 Check # 27268

Amount of Payment \$750.⁰⁰ Date of Payment 5/10/06

A/ Violation (VIO) – Effluent \$

B/ Violation (VIO) – Late Report \$

C/ Civil Actions (LEGAL) \$

D/ Application Fee (AF) \$750.⁰⁰

E/ Letter of Authorization Fee (LOA) \$

F/ Permit Fee (PF) \$

G/ CID Treatment Fee (CID) \$

H/ Supplemental User Charge Fee (SUC) \$

I/ One Time Groundwater Discharge (GWD) \$

J/ Other (FEES) \$

Payment received by:

Signature

Tanessa Dominguez

Amount

750.00

Date

5/10/06

NORTH JERSEY SKEIN DYEING CO., INC.
P.O. BOX 319
152 PUTNAM ST.
PATerson, NJ 07544

PAY TO THE ORDER OF Passaic Valley Sewerage Comm. \$ 750.00

DATE 4/31/06

55-760/0312 485
Security Features
Change as noted.

PNC BANK
PNC Bank, N.A. 060
New Jersey

Six hundred & fifty DOLLARS

Summit Cold.

THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS:
DATE _____ AMOUNT _____

TOTAL LESS ____ % DISCOUNT LESS ____
TOTAL DEDUCTIONS AMOUNT OF CHECK

Sewer inc permit #
27220029

⑆031207607⑈ 8100278882⑈